



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
DIVISION OF FIRE PREVENTION
ADMINISTRATIVE SERVICES SECTION

500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-1159
Phone (615) 741-2981 – Fax (615) 741-1583

RENEWAL APPLICATION FOR RECOGNITION AS A FIRE DEPARTMENT

INSTRUCTIONS: Please Print or Type

1. Please complete the entire application.
2. Have this form signed by the highest ranking official of the below-named fire department and then notarized.
3. If you are a newly formed fire department (after July 1, 2003), you **MUST** provide written approval of the local elected governing body. This approval **MUST** include a written or graphic description of the geographical territory to be covered by the department.
4. Enclose the application fee of \$50.00 which covers a period of three (3) years. Make checks payable to the **DEPARTMENT OF COMMERCE AND INSURANCE**.
5. You must be in compliance with §68-102-108 by properly requesting designation as an Assistant to the Commissioner of Commerce and Insurance. A copy of the Assistant to the Commissioner certificate **MUST** accompany this completed application.
6. Recognition will not be granted unless all requirements have been met.

Fire Department Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address (if applicable): _____

Business Phone: () _____ - _____ Business Fax: () _____ - _____

Is your fire department a station or district in a larger county or rural fire department? YES _____ NO _____

If so, please provide us with the name of that fire department: _____

I certify that the above statements are true to the best of my knowledge.

Chief's Name (Please Print or Type) _____ Signature _____ Date _____

SWORN TO AND SUBSCRIBED before me,

this _____ day of _____, _____,

NOTARY PUBLIC

My Commission Expires _____

IN-1480